CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

FORM C/OH COVER SHEET PG 1

		· · · 			
The C/OH Instruction (Guide explains how to compl	ete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE /	MS/MRS/MR FIR	ST	MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Ms. Ol	audia	L-	Date Received	
TVAVILE .	NICKNAME LAS	 រា	SUFFIX		
	Or	daz			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	P.O. BOX EL Paso, TX	11738	STATE; ZIP CODE	Date Hand-delivered o	
	AREA CODE PHONE NU	MPED	EXTENSION	Receipt #	Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	(915) 929-90		EXILATION	Date Processed	
6 CAMPAIGN	MS/MRS/MR FIR	ST	MI	Date Imaged	
TREASURER NAME	Mrs. M	aria			
· · · · · · · · · · · · · · · · · · ·	NICKNAME LAS	ा	SUFFIX		
	12-6	zmos			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOXPLEAS LUCO 3 + TO EL POSOL	mestea	CITY; STATE; J 12-8	ZIP CODE	2 C
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUI		EXTENSION		ZIIII JUL 14
9 REPORT TYPE	January 15 30th	day before election	Runoff	15th day after treasurer appo	
	July 15 28th	day before election	Exceeded \$500 limit	Final report (Att	tach C/OH - FRID
10 PERIOD COVERED	Month Day Year	THROUGH		Day Year	
11 ELECTION	Month ELECTION DATE Month Day Year	ELECTION TYPE Primary	Runoff	General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (#1) City 2 Distric	cown) epresenta ct 4	tive
	1447	GO TO PAG	GE 2		

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
\mathcal{C}	laudia Ordaz			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
6-10-14	6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	925 Mckelligon El Paso, Texas	19902	(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule 1)
C Timolpal coca,				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6-10-14	Martha Salinas Contributor address; City; State; Zip Code 2904 Brady		\$20°	
6-10 17	El Pasa Texas	79921		
	L	I		of Texas, complete Schedule T
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
Date	Lane Gaddy Contributor address; City; State; Ab Code		contribution (\$)	description (if applicable)
6-10-14	1800 Stanton A		51,000	G A
	El Faco, Tolkas	79902.	(If travel outside	of Texas, complete Schedule I)
Principal occuj	pation / Job title (See Instructions)	Employer (See	·	or results, complete companies 224
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	Stanley Jobe Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
6-10-14	1150 Southview P		\$1,000	· 1
	EI Faso, Texas 79	1922	(If travel outside	I of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Contributor address; City; State J Zip Code	runt	contribution (\$)	description (if applicable)
6-10-14	4401 N. Mesa		\$1,000	1
<u> </u>	EI PUSU, TX 790	102	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE	AS NEEDED	

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1audia Ordaz | 5 Full name of contributor □ out-of-state PAC (ID#: 4 Date 7 Amount of In-kind contribution contribution (\$) description (if applicable) Melissa O'Rourke 6 Contributor address; City; State; Zip Gode 6 VOYI Torvey Pines 5250 El Faso, Texas 79912 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# In-kind contribution ... Amount of description (if applicable). contribution (\$) Paul L. Fostev Contributor address; City; State; Zip Code 123 W. Mills, suite 200 \$2,000 10-11-14 PY) JO El Paso, Texas 79901 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution. contribution (\$) description (if applicable) Daniel Langaria Contributor address; City; State; Zip Code 140 Camino Barranca 5250 EI Pasa, Texas 79912 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) Deburah Kastrin Contributor address; City; State; Zip Code 3940 Flamingo Drive El Paso, Texas 79902 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Full name of contributor out-of-state PAC (ID# In-kind contribution contribution (\$) description (if applicable) Fredrick Francis Contributor address; City; State; Zip Code Soo N. Mesa Street 51,000 EI FUSO, TAXUS (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
\sim	laudia Ordaz			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
	Brown Ranch			1
6-12-14	6 Contributor address; City; State; Zip Code i 23 W. Mills, Suite	a 1 .i.c>	\$1,000	1
y (]	El Fusu, Texas 7		- 1,000	!
	e 1 +4130, 1429 1	919101	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Donald Margo		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
6-12-14	201 E. Main, Suit	e 1603	51,000	
-	FI Faso, Texas			
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	2ť c
Date	Full name of contributor ut-of-state PAC (ID#:	,	Amount of	In-kind contribution
Date		,	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	+0v+		Fundraisev
6-12-14	Contributor address; City; State; Stip Code 4401 N. Mesa	-	\$1,449.22	
	EL FUSDITY TO			expenses
	E FASO, IX	1902	(If travel outside	of Texas, complete Schedule 1)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
				3 1
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Miquel Fernande	2	00/////0000//	
- 14 3	Contributor address; City; State; Zip Code			
6-13-14	411 Rim Road		51,500	
	El Faso, Texas 79	1902		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	1054		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code 124 W. Castelland			
6-14-14	124 W. Castellano	0,50Heal3	\$300	j
	EI Paso, Texas 7]
<u> </u>				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
14.	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instr			requirements
1 170	continuator is out-or-state FAC, please see ilistr	action gains locan	andina reporting	rodan emente.

P.O. Box 12070

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT# (E	thics Commission Filers)
	Claudia Ordaz			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
4 Date			contribution (\$)	description (if applicable)
	Lesley Gosling			1
6-15-14	Lesley Gosling 14 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code		*	
ψ ,			\$50	
	EI 7250,TX 79918			
<u> </u>		40 51(0		of Texas, complete Schedule +)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	instructions)	⊆ ≺
				<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
,	Curtis Jorgensen			JO 20
	Contributor address; City; State; Zip Code			
6-15-14	1024 Singing Hil	IS Dr.	550	g A
	EI PUSOITX 790	312		
	0, (1,0), (1,0)			of Texas, complete Senedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)	
	Full name of contributor			
Date	<u> </u>		Amount of contribution (\$)	In-kind contribution description (if applicable)
	John Moses			
1 11-14	Contributor address; City; State; Zip Code 3221 Mountain Walk El Paso, Texas 79904		-	
6-16-14			\$ 30	
			! <u>*</u> . , . ,	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
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Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Casa De Yoga Eas	54		
	Contributor address; City; State; Zip Code		<u></u>	l
6-16-14	11660 montusand T	Drive, M	550	
	EL Daso, Texas 7	9912		1
Dein eine Langur	action / Joh title (Con Jest estima)	Employer (See		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
Date	Kevin McCary		contribution (\$)	description (if applicable)
	<i>.</i>			i 1
6-16-14	Contributor address; City; State; Zip Code		\$ 50	1
10-10-1	4749 Sir Gareth		\$ 30	<u> </u>
	51 Fasci Texas 7	9902	/lf two!ta'-!-	of Toyon, complete Cabadula T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
\mathcal{C}	laudia Ordaz			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution
			contribution (\$)	description (if applicable)
	Luis C. Talavera			
6-16-14	6 Contributor address; City; State; Zip Code		\$50	<u>'</u>
				1
	EL 70150, TX 79902		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Carlos : Tami. Le	atina	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
6-16-14	,	(\$50	
	Rio Rancho, NM			
	<u> </u>			of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Selena N. Solis		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
10-16-14	1210 Los Angeles	`	\$50	
9	El Paso IX 799	(CA)	(If travel outside	of Texas, complete Schedule (F)
Principal occup	pation / Job title (See Instructions)	Employer (See I		- D
				ch Li
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution; description (if applicable)
-	Julie S. Tarnat	25	CONTRIBUTION (4)	description (ir applicable)
	Contributor address; City; State; Zip Code		<u> </u>	
6-14	3919 0' Keefe		\$ 50	,
	EL PLISO, TX 799	02		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
-	Larry Phifer		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
6-16-17	904 Winter Drive		\$50	
	EI PasoiTX 7990	. 2		
Dutantant	Partian / Joh titla (Con Janta Airea)			of Texas, complete Schedule T)
Principal occul	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
lf c	contributor is out-of-state PAC, please see instr			requirements.
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The 2 FILER NAME (4 Date	Instruction Guide explains how to complete this Yaudia Ordaz 5 Full name of contributorout-of-state PAC(ID#: Heather Cothber	form.	1 Total pages School 3 ACCOUNT # (E	**************************************
(5 Full name of contributor out-of-state PAC (ID#:		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:			41100 00.11111100101111 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	\		
			7 Amount of	8 In-kind contribution
	Heather Cothser		contribution (\$)	description (if applicable)
6-16-14	11621 0 2001011	~	5100	
	EI Paso, TX 790	102	(If travel outside of	I of Texas, complete Schedule T)
9 Principal occup	nation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution
	Charles & Gloria F Contributor address; City; State; Zip Code	twipler	contribution (\$)	description (if applicable)
6-16-14	1125 E. Baltima		8100	
	EL PUSO, TX 790	402	/15 tops of posts id-	of Tours assemble Schoolule T\
Principal occup	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Ted < Molly Stoltzma Contributor address; City; State; Zip Code			
6-16-14	700 Meadowlark	1	\$100	
	El Pasoi TX 7999	12	(If travel outside	of Texas, complete Schedule T
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	Ë. 8
Date	Full name of contributor out-of-state PAC (ID#_ClviStian Feraz & Jennif	er Giese	Amount of contribution (\$)	In-kind contribution description (if applicable)
6-16-14	Contributor address; City; State; Zip Code		\$100	
6-16	3721 Waymore ELASO, TX 799	_ 3	\$ 100	. .
	C (40.56, 1X 1919)	02	(If travel outside o	i of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
·	Micale & Educated Vo Contributor address; City; State; Zip Code	wgh.	contribution (\$)	description (if applicable)
6-16-14	3951 Las Vegas Dr	· <i>ن</i> اح	\$100	
Ψ 1Ψ 1 1	EL Pasco, TX 7990	2	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	111.0410418191	
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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
	laudia Ordaz				
		<u></u> -			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution (if applicable)	
	Steffanie Evans		(4)	1	
	6 Contributor address; City; State; Zip Code			[
10-16-14	676 Bryn Mawr	1000	\$100		
•				1	
	Rockwall, TX,	15087	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
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Date	Full name of contributor)	Amount of	In-kind contribution	
	LU A Beaman		contribution (\$)	description (if applicable)	
	. <i>.</i>				
6-16-14	Contributor address; City; State; Zip Code		٠. ١		
•	le186 Los Felino		\$100		
	El Paso, TX 79	912		درسی بردانی	
Dringing occur	potion / Joh title (See Instructions)	Employer (See I		of Texas, complete Schedule	
Principal occup	pation / Job title (See Instructions)	Employer (See 1	ristructions)	5 7	
	Full name of contributor		A	In Irinal apparituding	
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Lisa & John Gooding	ch			
	Contributor address; City; State; Zip Code				
6-16-14	4750 Portsmout	W BING	\$100	1	
	EI Faso, TX 799	ചാ		1	
	-		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
	Marcia Turner		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			l	
6-16-14	5755 Kingsfield		\$100		
0 10	FIFESD, TX 799	13		!	
	E (+300) (X 1919)	154	(If travel outside	I of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#:	γ	Amount of	In-kind contribution	
		14	contribution (\$)	description (if applicable)	
	Rebecca Goodmans Alein	, krasne		' [
_	Contributor address; City; State; Zip Code			!	
6-16-14	1107 Baltimore Drive		5 200	!	
	EL Paso, TX 79902				
Principal occur	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	- 1 A-0			
	audia Ordaz			
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Marchael Grant		CONTRIDUCTION (W)	description (ii applicable)
	Michael Graham]
6-16-14	6 Contributor address; City; State; Zip Code		\$200	i
6-16-11			5000	<u> </u>
	Anthony, NW 2802	-1		l
				of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	instructions)	29 0
				In and
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of	In-kind contribution
	Ann Morgan Lilly		contribution (\$)	description (if applicable)
. ()	Contributor address; City; State; Zip Code		\$250	70
6-16-14	700 Blacker Aveni	یو_	200	
	700 Blacker Avenue	57		0
			(If travel outside of	of Texas, complete Schedule 1)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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Date	Full name of contributor ut-of-state PAC (ID#		Amount of	In-kind contribution
	000 1000	A 1	contribution (\$)	description (if applicable)
	mary margarets margaret	lorks teame		1 1
	Contributor address; City; State; Zip Code		E 00	
10-16-14	Mary Margaret & Margaret Contributor address; City; State; Zip Code TOY Dah () a		5250	
	51 Paso, TX 19922			1
	•		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	00101 1110011		contribution (\$)	description (if applicable)
	Michael Wendt			t
1. 11 12 1	Contributor address; City; State; Zip Code		a	I
6-16-19	10 Goodwin	'	5250	
	ELPaso, TX 7ago2			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Sirous tartour? tatvi	cia Metzel		1
1 1: 1: 1	Contributor address; City; State; Zip Code		ب مر سد	1
6-16-14	813 Twin Hills		\$250	1
	E1 7050, TX 7991	シ		
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
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SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME			3 ACCOUNT # (Et	thics Commission Filers)
	Claudia Ordaz			
4 Date			7 Amount of	8 In-kind contribution
4 Date)	contribution (\$)	description (if applicable)
	Danald Margo III		1	
	6 Contributor address; City; State; Zip Code		5250	
6-16-14	Danald Margo III 6 Contributor address; City; State; Zip Code 808 Blanchavel		D = 30	
	E17450, TX 79902	· ·	l	
		44 = 1 (0)	· · · · · · · · · · · · · · · · · · ·	f Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Joseph Moody Cam	paign		
	Contributor address: City: State: Zip Code	arragit to		
6-16-14	DO 130x 980851		\$3501	•
	E17950, TX 799	9 2	1	
		E		f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
Date	. —	1	contribution (\$)	description (if applicable)
	Richard Teschner			
الحساد المادا	Contributor address; City; State; Zip Code		\$500	
6-16-14	1800 N. Stenton Ave	2,50,70502	. 4 200	
1	EI FUSO, TX 799	02	(15 1	of Tours assessints Cohedula T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	····································	of Texas, complete Schedule T)
7 mioipai occap	salem, des als (ess mendenens)	2 p.oyo. (000)	,	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Robert O'Roske		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		,	
6-16-14	1209 Prospect		\$500	
0 (1	EL Paso, Tx 79902		1 200	
	DI 7430/ 1X 151702		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	L. Fredrick Francis		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	'	1	
6-16-14	500 N.Mesa		\$1,000	
6-10	E17030, TX 7990	,	, !	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	edule A:
2 FILER NAME	laudia Ordaz		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
lo-1/0-14	Susan & Duben Guerr 6 Contributor address; City; State; Zip Code 5848 Diamond Po El Puso, Tx 20912	int Circle	\$ 500	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Michael Guevra Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-16-14	408 Cincinnati E 1 Faso TX, 7990	2	\$100	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-16-14	Asher; Jo Ann Casey Contributor address; City; State; Zip Code 1000 Madeline D	r.	B175	Fundraiser Expenses
	ELFASO, TX 799			l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Bets & Amy O' Dougle Contributor address; City, State; Zip Code 1209 Prospect Sho	rke	575	In-kind contribution description (if applicable) Fundraiser Expenses
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-16-14	Contributor address; City; State; Zip Code 1101 E. Baltimore El Pasul TX 7906		575	Fundraiser expenses of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	la l'a ou don			
	laudia Ordaz			Υ
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	(Michael & Pana Gu	ev.ra		Fundraiser
6-16-14	o-16-14 Michael & Dana Grevra 6 Contributor address; City; State; Zip Code 408 Cincinnati		\$75	expenses
	El Faso, TX 7998	L.	(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	or rexas, complete concedio 1)
3 Trinopar cocci	saudity out the (eee managina)	10 Employer (Gee	matractiona _j	
Date	Full name of contributor)	Amount of	In-kind contribution
	Keeli Jernigan Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
6-17-14		u Circle	550	1
w . , .	FIPASO, TX 799			
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
			<u> </u>	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Marcia Turner		Contribution (\psi)	description (it applicable)
	Contributor address; City; State; Zip Code			
6-17-14	5755 Kingsfield		\$ 100	[
	EL Paso, TX 799	الك	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or ionas, complete concess .,
	,			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	The El Pasa Association	C.Fine Foundair	contribution (\$)	description (if applicable)
	The El Paso Association of Contributor address; City; State; Zip Code	E , hic yield her	S	
6-17-14	3112 Forney Drive		\$1,500	
	E1 7450, TX 7993		, -	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address: City: State: Zin Code			
10-12-14	William Sanders Contributor address; City; State; Zip Code 920 Broadmoor D	مرزمو	\$ 200	· [
	EL FUSO, TX 7991	^		1
		,	(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	·	
	1			
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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Claudia Ordaz			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Edward Escude	V.	contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code	······································		
6-18-14	34 Goodwin		\$500	
	E1 7250, TX 799	5 2		
O Denoinal sasu	<u> </u>	T		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Robert Snow		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			·
10-12-14	4941 Meadolar		\$100	,
W	EL Paso, TX 70			'
			^	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Dichard Thomas		contribution (\$)	description (if applicable)
	Richard Thomas Contributor address; City; State; Zip Code			
6-20-14	5915 Silver Springs	i, le A	\$150	
	EI PUSO, Texas	79912	(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Sara Mcknight	,	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			·
6-20-14	,		\$100	[
	EI P450, TX 799		\$ 100	
Bringing Conv				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	msa acaons)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Dennis : Donna Neeser	Timet	contribution (\$)	description (if applicable)
_	Contributor address; City; State; Zip Code	\ . !! 9 \$!		
6-23-14	Sle25 South Des	ert	\$200	1
	EI TUSO, TX 790	932		
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	

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OTHER	THAN PLEDGES OR LOAN	40		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Claudia Ordaz		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6-24-14	Stanley Jobe 6 Contributor address; City; State; Zip Code 1150 Southview F		\$ 1000	 -
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	L	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
6-24-14	3344 Eileen Dr El Pool TX 7990		(If travel outside o	of Texas, complete Schedule T)
Principal occup	vation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_	\hat{c}	Amount of contribution (\$)	In-kind contribution description (if applicable)
6-24-14	Contributor address; City; State; Zip Code 123 W. Mills, Suit		\$ 1000	I -
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID#_ Deborah Costv'(n Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-24-14	3940 Flamingo F EI Paso, TX 7990	2_		 of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (10#: El Paso Municipal Poli ASSOCIATION POLITICAL ACTO Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-24-14	747 E. San Antonio El Paso, TX 79902	, ste 103	\$ 4000	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
lf c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instr			requirements.

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
Oic	udia Dragz		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	1	7 Amount of 8 In-kind contribution
	*		contribution (\$) description (if applicable)
	Asher Feinburgs lo Am	Caseu	1
6-25-14	6 Contributor address; City; State; Zip Code		\$ 150
6-2511	Asher Feinburg: Jo And 6 Contributor address; City; State; Zip Code 1000 Madeline Drive	_	
	EL 7450, TX 79902		
			(If travel outside of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)
			T - 1
Date	Full name of contributor out-of-state PAC (ID#),	Amount of In-kind contribution contribution (\$) description (if applicable
	Nicholas Lamantia		
	Contributor address; City; State; Zip Code		÷ (
6-26-19	Contributor address; City; State; Zip Code	we	\$500
	El Paso, TX 79915		.
mer.			(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)
			Annual of the bind contribution
Date	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description (if applicable
	Rachel Harracksina	3	
6-27-14	Contributor address; City; State; Zip Code		\$ 350
	5720 Trowbridge.	suite B	D 230
	EL Paso, TX 7992		
			(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)
5 /	Full some of contributors Day of the Profits		Amount of In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#:		contribution (\$) description (if applicable
	William Lockhard	\	
المند ما	Contributor address: Citv: State: Zip Code		\$ 50
6-2-1-17	7105 Villa Hermas		\$ 30
	EI PUSU, TX 799	า เ2	1_
Principal occur	pation / Job title (See Instructions)	Employer (See	(If travel outside of Texas, complete Schedule T)
i iiiicipai occu	parion 7 500 title (Cee mandens)		mod dodo.io,
Doto	Full name of contributor Out-of-state PAC (ID#:		Amount of In-kind contribution
Date)	contribution (\$) description (if applicable
	Larl Astman		
10-27-14	Contributor address; City; State; Zip Code		1
\\ \frac{\pi_{-\sigma}}{2}.	405 Valplans		5200
	EI Pasoi TX 790	712	(If traval outside of Tayon permitte Cahadula T)
Principal occur	pation / Job title (See Instructions)	Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
			•
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	E AS NEEDED

P.O. Box 12070

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
(! laudia Ordaz			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
- Duit	_ ` ` _	/	contribution (\$)	description (if applicable)
	E.R. Lilly Jr.			!
6-27-14	6 Contributor address; City; State; Zip Code		5100	i
6.2	100 blacker			
	EL Paso, TX 790	102	//	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	<u> </u>	of Texas, complete Schedule T)
3 Fillicipal occup	Ration 7 30D title (Gee manucions)	10 Employer (See)	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
ļ		1	contribution (\$)	description (if applicable)
	Veronica Escobar 5 Mich	aelthaters		
,	Contributor address; City; State; Zip Code		\$ 100	'
6-2-1-19	3014 Copper Ave.			
	El Fusor TX 79930	>	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or lexas, complete conecute 1)
Date	Full name of contributor		Amount of	In-kind contribution
	Teresas lavier Diaz		contribution (\$)	description (if applicable)
	Tevesa! Javier Diaz Contributor address; City; State; Zip Code	. . <i></i>		
6-27-14	812 Cheltenhan		5200	
	El Puso, TX 7991	.2_	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Pichard Teschner Contributor address; City; State; Zip Code		, ,,	
			\$ 250	
6-27-14	1200 N. Stanton		\$ 250	
	EI Paso, TX 799	902		
Bringing!	nation / Joh title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)
-ппсіраї оссир	pation / Job title (See Instructions)	Employer (See I	ristructions)	
Date	Full name of contributor	, 1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	KOSA Altaro			'
1-7-7-14	Posa Alfano Contributor address; City; State; Zip Code 10260 LUELLA AU	<i>e</i>	\$50	ı
9 2 1 1				! !
<u> </u>	EI PUSO, TX 70	1925	(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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lf c	ontributor is out-of-state PAC, please see instr	uction guide forado	ditional reporting	requirements.

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Claudia Ordaz		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor □out-of-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6-27-14			\$250]]
	El Perso, TX 7990			l of Texas, complete Schedule T)
9 Principal occur	ation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6-27-14	Contributor address; City; State; Zip Code PO BOX 12307 EL PUSU, TX 799	رع	\$50	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-27-4	701 Blanchard El Paso, TX 799	خ ن ک	620 30	tundraiser expenses
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-28-14	Contributor address; City; State, Zip Code 9013 El Dovardo		\$50	[[
Principal occup	El Fusu, TX つつつ pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			T	·
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
6-30-14	123 W. Mills, sui		\$500	[]
Principal occup	EL Paso, Texas Totalion / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
	Claudia Ordaz			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
- Date)	contribution (\$)	description (if applicable)
6-30-14	15ha Rogers 6 Contributor address; City; State; Zip Code 1505 Rim Road El Paso, TX 70	1902	\$ 500	 - pf Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		, 10,100, 10,11p,1010 00,100010 1,
	` ·		•	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
7-1-14	EL Pasu, TX 70	99:02	\$1000	
	4445 N. Mes	sa		
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7-1-14	Contributor address; City; State; Zip Code 641 Londonder El Paso, TX	1	\$50	
		•	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	•
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
7-2-19	2244 Trawad	100	\$1000	, ,
- '	EI DUSO ITX 7			[
	2 7 4 30 1 1 1	7935	(If travel outside o	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
16.1	E.C. Houghton Contributor address; City; State; Zip Code	·	contribution (\$)	description (if applicable)
7-2-19	414 Executive		\$1000	
	El Duso, TX-	19902	(If travel outside o	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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: 18 A	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr	· · · · · · · · · · · · · · · · · · ·		requirements

P.O. Box 12070

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
\bigcirc	audia Ordaz			
4 Date	5 Full name of contributorout-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
- Bais	The Honorable Carlo	5 1. Carella		description (if applicable)
•	Petired 1851.CLD. Specie 6 Contributor address; City; State; Zip Code DOBOX 75	il Agent.		
7-2-14			\$50	
	ELPASO, TX 799	36	(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	, , , , , , , , , , , , , , , , , , , ,	Amount of	In-kind contribution
Date		······································	contribution (\$)	description (if applicable)
	Jimmie Britton			[]
7-2-14	Contributor address; City; State; Zip Code		\$250	
	POBOX 265		0 - 0 -	
	El Paso, TX 798	ు కొం		(T.) (1) (A) (A) (A) (A) (B)
Principal accur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
i inicipal occup	parion / Job une (GGC instruction)	Zimpioyo. (868		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	7		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			1
7-2-14	1800 Stenton Ave	. 1102	\$ 2000	[
' -	El Paso, TX 79	-	5 2000	
	611333117	902	(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Raymond Palacia		contribution (\$)	description (if applicable)
٠	Contributor address; City; State; Zip Code	3 5		
7-2-14	637 Willow Erler	· Dr.	\$1000	1
	EL DUSO, TX 799			[
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	T		T -	1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Carlos Montaga			
h 2 10	Contributor address; City; State; Zip Code		4	1
7-3-14	12008 Pueblo Lac	zuna	\$100	
	EL PUSO, TX 790	736	/if the control and the	of Toyon, complete Schodule T\
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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lf o	contributor is out-of-state PAC, please see instr			requirements.

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SCHEDULE A

L				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Claudia Ordaz		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:)	7 Amount of	8 In-kind contribution
7-4-14	Cesar Blanco 6 Contributor address; City; State; Zip Code POBOX 27074 El Paso; TX 79	ጎ 2 (_e	(If travel outside	description (if applicable)
9 Principal occup	Dation / Job title (See Instructions)	10 Employer (See	1	or rokac, comprote concade ty
Date	Full name of contributor	1	Amount of	In-kind contribution
Bute	Mary Karlsuher		contribution (\$)	description (if applicable)
7-4-14	Contributor address; City; State; Zip Code 35 Sun Point		\$500	
	El Paso, TX 7	9912	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	. ,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7-6-14	Larry Porras Contributor address; City; State; Zip Code 3705 Kiowa Ci El Paso, TX 70		contribution (\$)	description (if applicable)
Principal occup	l pation / Job title (See Instructions)	Employer (See	1	or rexas, complete scriedule 1)
				W
Date Date	Full name of contributor out-of-state PAC (ID#_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
- -	El Paso, TX 790			
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
			-	
Date	Full name of contributor out-of-state PAC (ID#:_ Paul Ro & Warina V		Amount of contribution (\$)	In-kind contribution description (if applicable)
14-16-14	Contributor address; City; State; Zip Code 2209 Pittslowing Ave 51 Pasol TX 79930	inve	\$100	
	51 tax 14630		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED	

P.O. Box 12070

	EXPENDITURE (CATEGORIES	FOR BOX 8(a)		······································
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distri	ontract Labor ising Expense rict	Loan Repayment/I Transportation Equ Contributions/Dona Candidate/Office	uipment & Related Expense ations Made By ceholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	•	•	ategory not listed above)
	The Instruction Guide	explains how to o	complete this for	rm.	
1 Total pages Schedule F:	2 FILER NAME	a2		3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Payee name				
6-12-14	Bush Signs 7 Payee address; City; Stat	s, LLC			
6 Amount (\$)					
	300 May St	reet			
\$3,368.33	300 May Str Montgomera	1.AL 3	4019		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)		(If travel outside of Tex	as, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	n è	Office held
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Amount (\$)	Payee address; City; Sta	te: Zip Code			
, and an (4)	1008 Francis				
\$180					
	El Faso, TX	7990	5		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	Contract Labo				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	<u> </u>	Office sough	nt .	Office held
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6-14-14	Payee address; City; Stat	70			
Amount (\$)	1008 Francis	_			
2130	El Paso, TX	7995			
	Category (See categories listed at the top			(If travel outside of Tex	as, complete Schedule T)
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EXPENDITURE	Contract Lab	sor			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt .	Office held
Date	Payee name				
10-19-14	Go Direct N	lailina	Servic	e C	
Amount (\$)	Payee address; City; Star	te; Zip Code			
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\$ 1,376.58	El Faso, T	. 1	125		
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
EXPENDITURE	Other		mail	process	sina
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	1	Office sough	nt	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	SCHEDULE AS	NEEDED	

P.O. Box 12070

Ad a Patra E	EXPENDITURE				
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundra		Loan Repayment/Rei	
Consulting Expense	Food/Beverage Expense	Travel In District	ising Expense	Contributions/Donation	ment & Related Expense
Event Expense	Polling Expense	Travel Out Of Dist	rict		older/Political Committee
Fees	Printing Expense	Office Overhead/R	ental Expense	OTHER (enter a cate	gory not listed above)
	The Instruction Guide	explains how to	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
	Claudia Ordi	G 7			
4 Date	5 Payee name	<u> </u>			
6-19-14	Cristian Ma	utines			
6 Amount (\$)	Cristian Ma 7 Payee address; City; Sta	ate; Zip Code			
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5 180	EI PUSO TX				
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8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule 1)
EXPENDITURE	Contract La	bor			
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	ht	Office held
expenditure to benefit C/C)H				
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\$2,296	12-30 CLOCKE	my en	VC 4		
42,214	7230 Gates El Paso, T	X 7991	5		
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	CYISTIAN II A	1-1-11-12			<u>-</u>
Amount (\$)	1	ate; Zip Code			Ţ
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\$160	El Fusoit	X			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
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EXPENDITURE	L'ontract La	bor	<u> </u>		
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P.O. Box 12070

	EXPENDITURE	CATEGORIES	EOP BOY 8(a)	
Advertising Evennes				n Pongyment/Poimhyraement
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		n Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra		nsportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ntributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/R	tental Expense OT	HER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this form.	
4 Tetal are an Oakadula Er	13 EU ED 1141E			2 ACCOUNT # (5th in Commission 5iles)
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	(Maudia Ord	9.7		
4 Date	5 Payee name			
10-21-14	Angel Ramik	2 2		
6 Amount (\$)	7 Pavee address: City: St	ate; Zip Code		
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8 PURPOSE	(a) Category (See categories listed at the to	o of this schedule)	(b) Description (If to	evel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/C	Н			
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	Payee address; City; St	<u> 10 </u>	 	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; St	ate; Zip Code		
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5240		_		
0 2-10	El Paso, T	x 799	05	
				
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
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Date	Payee name			
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10-21-14	Nicola to	Sect		
10-21-14	Nicola to	JV4		· · · · · · · · · · · · · · · · · · ·
10-21-14 Amount (\$)		ate; Zip Code		WANT.
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	Payee address; City; St.	is	<i>o</i> s	
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P.O. Box 12070

POLITICAL EXPENDITURES

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C		oan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundra	aising Expense T	ransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District		Contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of Dis		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/F	•	THER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form).
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Claudia Ordaz		
4 Date	5 Payee name		
	a- Threat Mailie	Service	25
6 Amount (\$)	7 Payee address; City; State; Zip Code	JEV VILL	
υ Απουπ (Φ)			
\$1,562.91	8400 Boeing Dr.		
カレンかってい	EI 7450, TX 799:	25	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if	travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
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\$880	EI Faso, TX 7991		
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (II	f travel outside of Texas, complete Schedule T)
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	EI FUSOI TX 7990	> 1	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)
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EXPENDITURE	Graphic Design Consulting		
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6-25-14	Office Depot		
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+ 020 -1	1313 George Dicter		
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	Cardinate / Chilopholder Hallie	Jino Joughi	
Complete ONLY if direct			
expenditure to benefit C			

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense		Salaries/Wages/Co		an Banaymant/Baimhuraamant
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Accounting/Banking	Legal Services	Solicitation/Fundrai		nsportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ntributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of Dist		
Fees	Printing Expense	Office Overhead/R	entai Expense Oi	HER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	······································		3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule 1.	^ · · · · ·			3 ACCOUNT # (Ethics Commission Filers)
	Claudia Orda	12_		
4 Date	5 Payee name		·	
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6 Amount (\$)	Go Direct N 7 Payee address; City; Sta	lailina	Service	S
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		
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411131	El Paso, TX	79925		
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If tr	avel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	J Office held
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6-29-14 Amount (\$)	Payee address; City; Sta	te: Zin Code	SCI VIO	
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7-1-14	Payee name Juan Garci Payee address; City; Sta LOOS Francis	<u>.</u>		
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	EXPENDITURE CATE	GORIES FOR BOX 8(a		
Advertising Expense	•	es/Wages/Contract Labor	Loan Repayment/Reimbursement	
Accounting/Banking	· ·	ation/Fundraising Expense	Transportation Equipment & Related Expense	
Consulting Expense Event Expense	<u> </u>	In District Out Of District	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	= -	Overhead/Rental Expense	OTHER (enter a category not listed above)	
	The Instruction Guide explai	•	·	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
	Maudia Ordaz			
4 Date	5 Payee name	• · · · · · · · · · · · · · · · · · · ·		
7-1-14	Cristian Mart	ines		
6 Amount (\$)	7 Payee address; City; State; Z	p Code		
	12 leis Kari Ar	ne		
2189	El Paso, TX			
e puppee	(a) Category (See categories listed at the top of this so	hedule) (h) Description	(If travel outside of Texas, complete Schedule T)	
8 PURPOSE OF	Tey Category (one categories listed at the top of this st	module) (a) Description	(in a serior outside or roxas, complete domesure 1)	
EXPENDITURE	Contract labo	r		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	nt Office held	
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D1018				
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expenditure to benefit C/O	н			
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\$ 1500				
		9901		
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51,202	1,202 7230 Grateury Blvd			
- -	El Puso Texa	s 79915		
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	Printing Expense	Campo	nan literature	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Reimbursemer	nt
Accounting/Banking	Legal Services			ansportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donations Made B	
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Politic	•
Fees	Printing Expense	Office Overhead/R	•	OTHER (enter a category not lis	ted above)
	The Instruction Guid	e explains how to	complete this form		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Cor	nmission Filers)
	Maudia Dec	la2_			
4 Date	5 Payee name		•		
7-4-14	Tim Forma (3,000	110		
6 Amount (\$)	Tro Forma (7 Payee address; City; St	ate: Zip Code	<u></u>		
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4,000	El Faso, TX	19901			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (If	travel outside of Texas, complete Sch	edule T)
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EXPENDITURE	Graphic Design	Consulti			
9 Complete ONLY if direct	Candidate / Officeholder hame	•	→ Office sought	Office	held
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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement			eimbursement		
Accounting/Banking	9	olicitation/Fundra	ising Expense	Transportation Equip	ment & Related Exper	nse
Consulting Expense		avel In District		Contributions/Donati		
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1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	# (Ethics Commission F	ilers)
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4 Date	5 Payee name					
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6 Amount (\$)	7 Payee address; City; State;	Zip Code				
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8 PURPOSE	(a) Category (See categories listed at the top of the	his schedule)	(b) Description	(If travel outside of Texas	, complete Schedule T)	
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I	AL MOLIABBILIONAL OUI		v	<del> </del>		

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

		The state of the s		
14 C/OH NAME	caudia (	Ordaz	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
·	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	2014 2014	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	4 CLES	
17 CONTRIBUTION TOTALS	1. TOTAL I	AN C		
	2. TOTAL (OTHER	\$ 39, 444. 72		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1,367.0			
	4. TOTAL	\$ 26,084.76		
CONTRIBUTION BALANCE	5. TOTAL P OF REP	\$16,741.23		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT		• • • •	of perjury, that the accompanying report all information required to be reported by e.	
	NOTARY PUBLI In and for the State of My commission of 03-25-201	C Council Coun	andidate or Officeholder	
Sworn to and subscribed before me, by the said, this the				
day of 1000, 20 19, to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				